

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the First Amended
Accusation Against:**

Dharmavijaypal Reddy Narayan, M.D.

Case No. 800-2015-015300

**Physician's and Surgeon's
Certificate No. A 90119**

Respondent

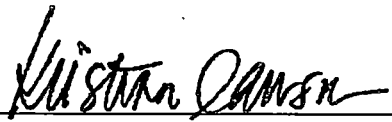
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 26, 2019.

IT IS SO ORDERED: March 27, 2019.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General.
3 LEANNA E. SHIELDS
Deputy Attorney General
4 State Bar No. 239872
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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the First Amended Accusation
14 Against:

15 **DHARMAVIJAYPAL REDDY NARAYAN,**
16 **M.D.**

17 **17 Napoleon Rd**
18 **Rancho Mirage, CA 92270**

19 **Physician's and Surgeon's Certificate**
20 **No. A 90119,**

21 **Respondent.**

Case No. 800-2015-015300

OAH Case No. 2018071054

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
25 of California (Board). She brought this action solely in her official capacity and is represented in
26 this matter by Xavier Becerra, Attorney General of the State of California, by LeAnna E. Shields,
27 Deputy Attorney General.

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2. Respondent Dharmavijaypal Reddy Narayan, M.D. (Respondent) is represented in this proceeding by attorneys Nicole Irmer, Esq., and Kimberly Elkin, Esq., whose address is: 2550 Fifth Avenue, Suite 1060, San Diego, CA 92103.

3. On or about February 9, 2005, the Board issued Physician's and Surgeon's Certificate No. A 90119 to Respondent. The Physician's and Surgeon's Certificate No. A 90119 was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2015-015300, and will expire on September 30, 2020, unless renewed.

JURISDICTION

4. On or about June 27, 2018, the First Amended Accusation No. 800-2015-015300 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on June 27, 2018. Respondent timely filed his Notice of Defense contesting the First Amended Accusation. A true and correct copy of the First Amended Accusation No. 800-2015-015300 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in the First Amended Accusation No. 800-2015-015300. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

1 **CULPABILITY**

2 8. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to all the charges and allegations contained in the First
4 Amended Accusation No. 800-2015-015300, and that he has thereby subjected his Physician's
5 and Surgeon's Certificate No. A 90119 to disciplinary action.

6 9. For the purposes of resolving this First Amended Accusation No. 800-2015-015300
7 without the expense and uncertainty of a hearing, Respondent further agrees that if an accusation
8 or petition to revoke probation is ever filed against him before the Medical Board of California, or
9 if he files a petition for early termination of probation, all of the charges and allegations contained
10 in the First Amended Accusation No. 800-2015-015300, regarding Patient A only, shall be
11 deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or
12 any other licensing proceeding involving Respondent in the State of California or elsewhere.

13 10. Respondent agrees that his Physician's and Surgeon's Certificate No. A 90119 is
14 subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in
15 the Disciplinary Order below.

16 **CONTINGENCY**

17 11. This stipulation shall be subject to approval by the Board. The parties agree that this
18 Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the
19 parties unless approved and adopted by the Board, except for this paragraph, which shall remain
20 in full force and effect. Respondent fully understands and agrees that in deciding whether or not
21 to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive
22 oral and written communications from its staff and/or the Attorney General's Office.

23 Communications pursuant to this paragraph shall not disqualify the Board, any member thereof,
24 and/or any other person from future participation in this or any other matter affecting or involving
25 Respondent. In the event that the Board does not, in its discretion, approve and adopt this
26 Stipulated Settlement and Disciplinary Order, with the exception of this paragraph, it shall not
27 become effective, shall be of no evidentiary value whatsoever, and shall not be relied up on or
28 introduced in any disciplinary action by either party hereto. Respondent further agrees that

1 should this Stipulated Settlement and Disciplinary Order be rejected for any reason by the Board,
2 Respondent will assert no claim that the Board, or any member thereof, was prejudiced by
3 its/his/her review, discussion and/or consideration of this Stipulated Settlement and Disciplinary
4 Order or of any matter or matters related hereto.

5 **ADDITIONAL PROVISIONS**

6 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
7 be an integrated writing representing the complete, final and exclusive embodiment of the
8 agreements of the parties in the above-entitled matter.

9 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
10 including copies of the signatures of the parties, may be used in lieu of original documents and
11 signatures and, further, that such copies shall have the same force and effect as originals.

12 14. Respondent agrees that his Physician's and Surgeon's Certificate No. A 90119 is
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
14 in the Disciplinary Order below.

15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 90119 issued
17 to Respondent DHARMAVIJAYPAL REDDY NARAYAN, M.D. is hereby revoked. However,
18 the revocation is stayed and Respondent is placed on probation for three (3) years from the
19 effective date of the decision, on the following terms and conditions.

20 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
21 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
22 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
23 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
24 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
25 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
26 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
27 completion of each course, the Board or its designee may administer an examination to test

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Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

1 A medical record keeping course taken after the acts that gave rise to the charges in the
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
3 or its designee, be accepted towards the fulfillment of this condition if the course would have
4 been approved by the Board or its designee had the course been taken after the effective date of
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

9 4. **CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within 60 calendar
10 days of the effective date of this Decision, Respondent shall enroll in a clinical competence
11 assessment program approved in advance by the Board or its designee. Respondent shall
12 successfully complete the program not later than six (6) months after Respondent's initial
13 enrollment unless the Board or its designee agrees in writing to an extension of that time.

14 The program shall consist of a comprehensive assessment of Respondent's physical and
15 mental health and the six general domains of clinical competence as defined by the Accreditation
16 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
17 Respondent's current or intended area of practice. The program shall take into account data
18 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
19 Accusation(s), and any other information that the Board or its designee deems relevant. The
20 program shall require Respondent's on-site participation for a minimum of three (3) and no more
21 than five (5) days as determined by the program for the assessment and clinical education
22 evaluation. Respondent shall pay all expenses associated with the clinical competence
23 assessment program.

24 At the end of the evaluation, the program will submit a report to the Board or its designee
25 which unequivocally states whether the Respondent has demonstrated the ability to practice
26 safely and independently. Based on Respondent's performance on the clinical competence
27 assessment, the program will advise the Board or its designee of its recommendation(s) for the
28 scope and length of any additional educational or clinical training, evaluation or treatment for any

1 medical condition or psychological condition, or anything else affecting Respondent's practice of
2 medicine. Respondent shall comply with the program's recommendations.

3 Determination as to whether Respondent successfully completed the clinical competence
4 assessment program is solely within the program's jurisdiction.

5 5. **PRACTICE MONITORING.** Within 30 calendar days of the effective date of this
6 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
7 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
8 licenses are valid and in good standing, and who are preferably American Board of Medical
9 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
10 relationship with Respondent, or other relationship that could reasonably be expected to
11 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
12 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
13 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

14 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
15 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
16 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
17 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
18 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
19 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
20 signed statement for approval by the Board or its designee.

21 Within 60 calendar days of the effective date of this Decision, and continuing until
22 Respondent successfully completes the Clinical Competence Assessment Program, Respondent's
23 practice shall be monitored by the approved monitor. Respondent shall make all records available
24 for immediate inspection and copying on the premises by the monitor at all times during business
25 hours and shall retain the records for the entire term of probation.

26 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
27 date of this Decision, Respondent shall receive a notification from the Board or its designee to
28 cease the practice of medicine within three (3) calendar days after being so notified. Respondent

1 shall cease the practice of medicine until a monitor is approved to provide monitoring
2 responsibility.

3 The monitor(s) shall submit a quarterly written report to the Board or its designee which
4 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
5 are within the standards of practice of medicine, and whether Respondent is practicing medicine
6 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
7 that the monitor submits the quarterly written reports to the Board or its designee within 10
8 calendar days after the end of the preceding quarter.

9 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
10 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
11 name and qualifications of a replacement monitor who will be assuming that responsibility within
12 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
13 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
14 notification from the Board or its designee to cease the practice of medicine within three (3)
15 calendar days after being so notified. Respondent shall cease the practice of medicine until a
16 replacement monitor is approved and assumes monitoring responsibility.

17 In lieu of a monitor, Respondent may participate in a professional enhancement program
18 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
19 review, semi-annual practice assessment, and semi-annual review of professional growth and
20 education. Respondent shall participate in the professional enhancement program at Respondent's
21 expense during the term of probation.

22 This condition shall only apply until Respondent successfully completes the Clinical
23 Competence Assessment Program.

24 6. **NOTIFICATION.** Within seven (7) days of the effective date of this Decision, the
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
26 Chief Executive Officer at every hospital where privileges or membership are extended to
27 Respondent, at any other facility where Respondent engages in the practice of medicine,
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
3 calendar days.

4 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

5 7. **SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED**
6 **PRACTICE NURSES.** During probation, Respondent is prohibited from supervising physician
7 assistants and advanced practice nurses.

8 8. **OBEY ALL LAWS.** Respondent shall obey all federal, state and local laws, all rules
9 governing the practice of medicine in California and remain in full compliance with any court
10 ordered criminal probation, payments, and other orders.

11 9. **QUARTERLY DECLARATIONS.** Respondent shall submit quarterly declarations
12 under penalty of perjury on forms provided by the Board, stating whether there has been
13 compliance with all the conditions of probation.

14 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
15 of the preceding quarter.

16 10. **GENERAL PROBATION REQUIREMENTS.**

17 **Compliance with Probation Unit**

18 Respondent shall comply with the Board's probation unit.

19 **Address Changes**

20 Respondent shall, at all times, keep the Board informed of Respondent's business and
21 residence addresses, email address (if available), and telephone number. Changes of such
22 addresses shall be immediately communicated in writing to the Board or its designee. Under no
23 circumstances shall a post office box serve as an address of record, except as allowed by Business
24 and Professions Code section 2021(b).

25 **Place of Practice**

26 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
27 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
28 facility.

1 License Renewal

2 Respondent shall maintain a current and renewed California physician's and surgeon's
3 license.

4 Travel or Residence Outside California

5 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
6 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
7 (30) calendar days.

8 In the event Respondent should leave the State of California to reside or to practice,
9 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
10 departure and return.

11 11. **INTERVIEW WITH THE BOARD OR ITS DESIGNEE.** Respondent shall be
12 available in person upon request for interviews either at Respondent's place of business or at the
13 probation unit office, with or without prior notice throughout the term of probation.

14 12. **NON-PRACTICE WHILE ON PROBATION.** Respondent shall notify the Board
15 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
17 defined as any period of time Respondent is not practicing medicine as defined in Business and
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If
20 Respondent resides in California and is considered to be in non-practice, Respondent shall
21 comply with all terms and conditions of probation. All time spent in an intensive training
22 program which has been approved by the Board or its designee shall not be considered non-
23 practice and does not relieve Respondent from complying with all the terms and conditions of
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
25 on probation with the medical licensing authority of that state or jurisdiction shall not be
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
27 period of non-practice.

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1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice for a Respondent residing outside of California will relieve
9 Respondent of the responsibility to comply with the probationary terms and conditions with the
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
12 Controlled Substances; and Biological Fluid Testing.

13 13. **COMPLETION OF PROBATION.** Respondent shall comply with all financial
14 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
15 completion of probation. Upon successful completion of probation, Respondent's certificate shall
16 be fully restored.

17 14. **VIOLATION OF PROBATION.** Failure to fully comply with any term or
18 condition of probation is a violation of probation. If Respondent violates probation in any
19 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke
20 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to
21 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,
22 the Board shall have continuing jurisdiction until the matter is final, and the period of probation
23 shall be extended until the matter is final.

24 15. **LICENSE SURRENDER.** Following the effective date of this Decision, if
25 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
26 the terms and conditions of probation, Respondent may request to surrender his or her license.
27 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
28 determining whether or not to grant the request, or to take any other action deemed appropriate

1 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
2 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
3 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
4 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
5 application shall be treated as a petition for reinstatement of a revoked certificate.

6 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
7 with probation monitoring each and every year of probation, as designated by the Board, which
8 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
9 California and delivered to the Board or its designee no later than January 31 of each calendar
10 year.

11 ACCEPTANCE

12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
13 discussed it with my attorneys, Nicole Irmer, Esq., and Kimberly Elkin, Esq. I fully understand
14 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No.
15 A 90119. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly,
16 and intelligently, and agree to be bound by the Decision and Order of the Medical Board of
17 California.

18
19 DATED: 01-30-19


20 DHARMAVIJAYPAL REDDY NARAYAN, M.D.
21 Respondent

22 I have read and fully discussed with Respondent Dharmavijaypal Reddy Narayan, M.D. the
23 terms and conditions and other matters contained in the above Stipulated Settlement and
24 Disciplinary Order. I approve its form and content.

25 DATED: 1-30-19


26 NICOLE IRMER, ESQ.
27 Attorney for Respondent

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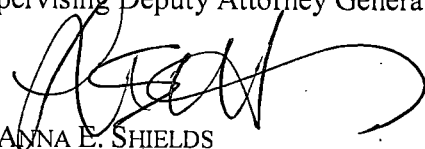
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 2.1.19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

SD2018800881
71722917

Exhibit A

First Amended Accusation No. 800-2015-015300

1 XAVIER BECERRA
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 27 20 18
BY Maria Pasien ANALYST

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
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13 In the Matter of the First Amended Accusation
14 Against:

15 **Dharmavijaypal Reddy Narayan, M.D.**
17 17 Napoleon Road
Rancho Mirage, CA 92270

16 Physician's and Surgeon's Certificate
17 No. A 90119,

18 Respondent.

Case No. 800-2015-015300

FIRST AMENDED ACCUSATION

(Cal. Gov. Code, § 11507.)

19
20 Complainant alleges:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
23 her official capacity as the Executive Director of the Medical Board of California, Department of
24 Consumer Affairs (Board).

25 2. On or about February 9, 2005, the Medical Board issued Physician's and Surgeon's
26 Certificate No. A 90119 to Dharmavijaypal Reddy Narayan, M.D. (Respondent). The Physician's
27 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on September 30, 2018, unless renewed.

JURISDICTION

3. This First Amended Accusation which supersedes the Accusation filed on April 19, 2018, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.”

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1 5. Section 2234 of the Code states, in pertinent part:

2 “The board shall take action against any licensee who is charged with
3 unprofessional conduct. In addition to other provisions of this article, unprofessional
4 conduct includes, but is not limited to, the following:

5 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
6 abetting the violation of, or conspiring to violate any provision of this chapter.

7 “(b) Gross negligence.

8 “(c) Repeated negligent acts. To be repeated, there must be two or more
9 negligent acts or omissions. An initial negligent act or omission followed by a
10 separate and distinct departure from the applicable standard of care shall constitute
11 repeated negligent acts.

12 “(1) An initial negligent diagnosis followed by an act or omission medically
13 appropriate for that negligent diagnosis of the patient shall constitute a single
14 negligent act.

15 “(2) When the standard of care requires a change in the diagnosis, act, or
16 omission that constitutes the negligent act described in paragraph (1), including, but
17 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
18 licensee’s conduct departs from the applicable standard of care, each departure
19 constitutes a separate and distinct breach of the standard of care.

20 “...”

21 6. Section 2266 of the Code states:

22 “The failure of a physician and surgeon to maintain adequate and accurate
23 records relating to the provision of services to their patients constitutes unprofessional
24 conduct.”

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27 ///

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 7. Respondent has subjected his Physician's and Surgeon's Certificate No. A 90119 to
4 disciplinary action under sections 2227 and 2234, as defined by 2234, subdivision (b), in that he
5 committed gross negligence in his care and treatment of Patient A,¹ as more particularly alleged
6 hereinafter:

7 8. Beginning in or around 2012, Respondent provided care and treatment for Patient A
8 for various medical issues, including, but not limited to, chronic back pain, chronic foot and ankle
9 ulcers, and depression.

10 9. On or about January 3, 2014, Patient A presented for a follow up appointment to refill
11 her medication for chronic back pain. Progress notes for this visit indicate Respondent advised
12 Patient A to continue her current medication of Oxycodone² (15 mg) every six (6) hours, as
13 needed, with a follow up appointment in one month. Among other things, the note for this visit
14 does not document any testing for substance abuse or referral to a psychiatrist. In addition, the
15 documentation for this visit provides no information regarding informed consent for the
16 controlled substances being prescribed, treatment plan, or efforts to monitor compliance.

17 10. On or about February 6, 2014, Patient A presented for a follow up appointment to
18 refill her medication for chronic back pain. Progress notes for this visit indicate Respondent
19 refilled Patient A's current medications, which included Morphine Sulfate ER³ (30 mg) twice a
20 day, and Cymbalta⁴ (60 mg) once a day. Among other things, the note for this visit does not
21 document information regarding the decision to change medications, any testing for substance
22

23 ¹ For patient privacy purposes, patient identities are withheld.

24 ² Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section
25 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

26 ³ Morphine is a Schedule II controlled substance pursuant to Health and Safety Code section
27 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

28 ⁴ Cymbalta is a brand name for duloxetine, a dangerous drug pursuant to Business and Professions
Code section 4022.

1 abuse or referral to a psychiatrist. In addition, the documentation for this visit provides no
2 information regarding informed consent for the controlled substances being prescribed, treatment
3 plan, or efforts to monitor compliance.

4 11. On or about April 29, 2014, Patient A presented for an appointment following a
5 hospitalization from which Patient A was released on April 23, 2014. Progress notes for this visit
6 indicate Respondent continued Patient A's current medications, and included Norco⁵ three times a
7 day, as needed. Among other things, there is no documentation of discussion regarding the recent
8 hospitalization, the decision to change medications, any testing for substance abuse, or referral to
9 a psychiatrist. In addition, the documentation for this visit provides no information regarding
10 informed consent for the controlled substances being prescribed, treatment plan, or efforts to
11 monitor compliance.

12 12. On or about June 12, 2014, Patient A presented for an appointment to refill her
13 medications. Progress notes for this visit indicate Respondent continued Patient A's current
14 medications, including Oxycodone (30 mg) every six hours, as needed. Among other things, the
15 note for this visit does not document any testing for substance abuse or referral to a psychiatrist.
16 In addition, the documentation for this visit provides no information regarding informed consent
17 for the controlled substances being prescribed, treatment plan, or efforts to monitor compliance.

18 13. On or about May 5, 2015, C.M., Patient A's caregiver, submitted a letter to
19 Respondent's office detailing Patient A's history of adverse effects, including delusions, seizures,
20 overdoses and possible addiction. This letter was not maintained in Patient A's medical records.

21 14. On or about May 12, 2015, Patient A presented for an appointment to refill her
22 medications. Progress notes for this visit indicate Respondent continued Patient A's current
23 medications, including Morphine ER (30 mg) twice a day and Oxycodone (30 mg) three times a
24 day, as needed. Among other things, the note for this visit does not document any discussion
25 regarding the letter submitted by C.M., any testing for substance abuse or referral to a psychiatrist.

26
27 ⁵ Norco is a brand name for acetaminophen and hydrocodone bitartrate, a Schedule III controlled
28 substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug
pursuant to Business and Professions Code section 4022.

1 In addition, the documentation for this visit provides no information regarding informed consent
2 for the controlled substances being prescribed, treatment plan, or efforts to monitor compliance.

3 15. On or about July 1, 2015, Patient A presented to the emergency department at E.M.C.
4 for seizure. Patient A was found to have a urinary tract infection and hypokalemia. While in the
5 emergency department, Patient A suffered additional seizure activity. In a discharge summary,
6 Respondent notes discussing possible medication overdose.

7 16. On or about July 5, 2015, Patient A was readmitted to the hospital and discharged on
8 or about July 8, 2015. On or about July 13, 2015, Patient A presented for an appointment with
9 Respondent. Progress notes for this visit indicate Respondent continued Patient A's current
10 medications, including Morhpine ER (30 mg) twice a day and Oxycodone (30 mg) three times a
11 day, as needed. Among other things, the note for this visit does not document any testing for
12 substance abuse or referral to a psychiatrist. In addition, the documentation for this visit provides
13 no information regarding informed consent for the controlled substances being prescribed,
14 treatment plan, or efforts to monitor compliance.

15 17. Respondent continued to provide care and treatment to Patient A until on or about
16 December 2, 2016.

17 18. Respondent committed gross negligence which included, but was not limited to:

18 A. Respondent failed to refer Patient A, a complex patient with multiple
19 overdoses, to an addiction medicine psychiatrist, a pain management specialist, or
20 rehabilitation;

21 B. Respondent failed to discuss the risk of overdose with Patient A and her
22 caregiver and failed to respond appropriately to reports of Patient A's repeated
23 overdoses;

24 C. Respondent failed to modify his treatment plan in lieu of the serious adverse
25 effects; and

26 D. Respondent failed to maintain adequate medical records.

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- 1 D. Respondent failed to conduct ongoing compliance monitoring of Patient A; and
2 E. Respondent failed to adequately and promptly address Patient B's respiratory failure.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Inadequate or Inaccurate Record Keeping)**

5 27. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
6 90119 to disciplinary action under sections 2227 and 2234, as defined by 2266, in that he failed to
7 maintain adequate and accurate records, as more particularly alleged in paragraphs 8 through 18,
8 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

9 **FOURTH CAUSE FOR DISCIPLINE**

10 **(Violation or Violations of Provision or Provisions of the Medical Practice Act)**

11 28. Respondent has further subjected his Physician's and Surgeon's Certificate No. A
12 90119 to disciplinary action under sections 2227 and 2234, as defined by 2234, subdivision (a), in
13 that he committed a violation or violations of the Medical Practice Act, as more particularly
14 alleged in paragraphs 8 through 27, above, which are hereby incorporated by reference and
15 realleged as if fully set forth herein.

16 **DISCIPLINARY CONSIDERATIONS**

17 29. To determine the degree of discipline to be imposed on Respondent, Complainant
18 alleges that on or about February 11, 2011, in a prior disciplinary action entitled, *In the Matter of*
19 *the Accusation Against: Dharmavijaypal Reddy Narayan, M.D.*, before the Medical Board of
20 California, in Case No. 09-2008-194308, the Board issued a decision and order, in which
21 Respondent's Physician's and Surgeon's Certificate No. A 90119 was issued a Public Letter of
22 Reprimand.

23 **PRAYER**

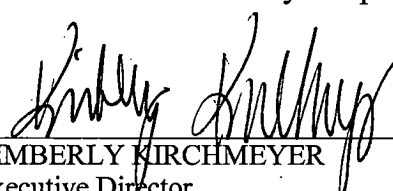
24 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
25 and that following the hearing, the Medical Board of California issue a decision:

- 26 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 90119, issued to
27 Respondent Dharmavijaypal Reddy Narayan, M.D.;

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- 1 2. Revoking, suspending or denying approval of Respondent Dharmavijaypal Reddy
2 Narayan, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3 3. Ordering Respondent Dharmavijaypal Reddy Narayan, M.D., if placed on probation,
4 to pay the Board the costs of probation monitoring; and
5 4. Taking such other and further action as deemed necessary and proper.

6
7 DATED: June 27, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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